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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	Frank P68/500578.20072
		First Named Inventor	Barry J. Lipsky
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SECURE PORTABLE ELECTRONIC REFERENCE DEVICE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

 Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

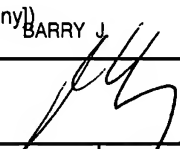
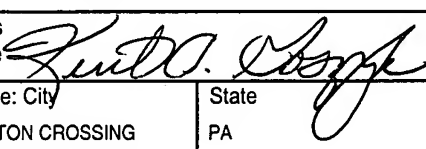
[Page 1 of 2]

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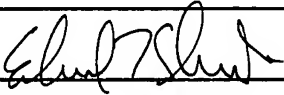
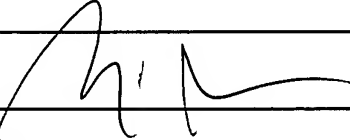
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 026418 OR <input type="checkbox"/> Correspondence address below			
Name STEPHEN M. CHIN - REED SMITH LLP			
Address 599 LEXINGTON AVENUE			
City NEW YORK		State NY	ZIP 10022
Country US	Telephone 212-521-5400	Fax 212-521-5450	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) BARRY J.		Family Name or Surname LIPSKY	
Inventor's Signature 		Date 3/19/07	
Residence: City PRINCETON	State NJ	Country US	Citizenship US
Mailing Address 2 BRIARWOOD COURT			
City PRINCETON	State NJ	ZIP 08550	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) KURT		Family Name or Surname GOSZYK	
Inventor's Signature 		Date	
Residence: City WASHINGTON CROSSING	State PA	Country US	Citizenship US
Mailing Address 17 LOOKOUT LANE			
City WASHINGTON CROSSING	State PA	ZIP 18977	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
EDWARD		SKLADANY	
Inventor's Signature 		Date 3/15/2004	
HOPEWELL Residence: City	NJ State	US Country	US Citizenship
38 COLUMBIA AVENUE Mailing Address			
Mailing Address			
HOPEWELL City	NJ State	08525 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GREGORY		WINSKY	
Inventor's Signature 		Date	
MEDFORD Residence: City	NJ State	US Country	US Citizenship
16 PINEY RUN ROAD Mailing Address			
Mailing Address			
MEDFORD City	NJ State	08055 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>2</u> of <u>2</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DUANE		ELLIS	
Inventor's Signature		Date <u>MAR 23-2004</u>	
Medford Residence: City	NJ State	US Country	US Citizenship
206 Pine Blvd. Mailing Address			
Mailing Address			
Medford City	NJ State	08055 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JAN		EDLER	
Inventor's Signature		Date <u>3-23-03</u>	
PLAINSBORO Residence: City	NJ State	US Country	US Citizenship
11 WETHERSFIELD DRIVE Mailing Address			
Mailing Address			
PLAINSBORO City	NJ State	08536 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Barry Lipsky
Title	SECURE PORTABLE ELECTRONIC REFERENCE DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	Frank P68/500578.20072

I hereby appoint:

☒ Practitioners associated with the Customer Number:

026418

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	STEPHEN M. CHIN				
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Barry Lipsky		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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OR

☐ The address associated with Customer Number:

☒ Firm or Individual Name STEPHEN M. CHIN

Address

Address

City

State

Zip

Country

Telephone

Fax

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SIGNATURE of Applicant or Assignee of Record

Name Kurt Goszyk

Signature

Date

Telephone

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☒ Firm or Individual Name STEPHEN M. CHIN

Address

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SIGNATURE of Applicant or Assignee of Record

Name Ed Skladany

Signature

Date

Telephone

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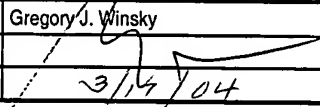
<input checked="" type="checkbox"/> Firm or Individual Name	STEPHEN M. CHIN			
Address				
Address				
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Country				
Telephone		Fax		

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Gregory J. Winsky		
Signature			
Date	3/14/04	Telephone	

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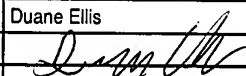
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☒ Firm or Individual Name STEPHEN M. CHIN

Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Duane Ellis		
Signature			
Date	MARCH 23-2009	Telephone	609-386-2500 x4918 956-985-7165

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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name STEPHEN M. CHIN

Address

Address

City

State

Zip

Country

Telephone

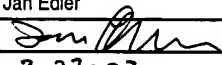
Fax

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SIGNATURE of Applicant or Assignee of Record

Name	Jan Edler
Signature	
Date	3-23-03
Telephone	

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